

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature x <u>Carol Barte</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  SRM Financial, Inc. 2405 South Uniroyal Road Opelika, AL 36804		B. Received by (Printed Name) <u>CAROL BARTEE</u> C. Date of Delivery <u>9-23-05</u>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <u>7005 1160 0004 4088 3821</u>			
PS Form 3811, August 2001		Domestic Return Receipt 2595-02-M-1540	

3:05W901-F S+C

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<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature x <u>Carol Barte</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  R&L Trucking Company, Inc. 2405 South Uniroyal Road Opelika, AL 36804		B. Received by (Printed Name) <u>CAROL BARTEE</u> C. Date of Delivery <u>9-23-05</u>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) <u>7005 1160 0004 4088 3838</u>			
PS Form 3811, August 2001		Domestic Return Receipt 102595-02-M-1540	

3:05W901-F S+C